

MISSOURI SUICIDE PREVENTION ADVISORY COMMITTEE

A FAMILY'S STORY

Our family lost our precious son Ryan to suicide in 1993. He was twenty years old. We knew nothing about depression until his failed attempt a few weeks before his death. While he was hospitalized, we tried to read everything we could get our hands on, to try to understand what Ryan was experiencing. We also found that both sides of our family had loved ones that had suffered from depression. Family members had taken their lives, **but no one had talked about it** until Ryan's attempt. We believe his depression was a chemical imbalance that was probably passed to him genetically. Ryan did not have time for his medications to help, and we assume he was overwhelmed by the stigma of mental illness. Six days after he was released from the hospital, he took his life in the woods with a shotgun.

We believe our son might still be alive today if we all would have been properly educated about the illness of depression, and if there was less of a public stigma. My husband was a full time minister, and I was a school teacher. We both immediately used every opportunity we could to educate youth and adults about depression and suicide prevention. We are now retired, but have continued to this day to educate and share our story to try to prevent other families from the same kind of tragedy as ours.

We were thrilled when we heard that our state of Missouri had a SPAC committee. We were so glad that our governor knew the importance of this subject. I have had the honor of sitting in on the committee a couple of times this past year, and I was very impressed with the dedication of the committee persons and the work that is being done throughout the state. It is our prayer that this great work will be continued and expanded.

The stigma is less now than it was in 1993, but we still have a long ways to go! Blessings,

Sharon and Larry Norris

BIANNUAL REPORT

January 2009



Suicide Prevention Advisory Committee

State Senator Charles Shields

St. Joseph, 34th District

Representative: Pending Appointment

Dr. Mariann Atwell

Department of Corrections

Dr. Susan Calloway

Family Nurse Practitioner, Kansas City

Lynn Carter

Department of Mental Health

Deborah Cook

Kennett Schools

Dr. Stanley Edlavitch

University of MO— Kansas City

Heather Fabian

Department of Higher Education

Bill Heberle

Division of Youth Services

Dr. Maureen Hennessey

Kansas City Suicide Awareness Prevention Program

Lesley Levin

Behavioral Health Response, St. Louis

Elizabeth Makulec

Kids Under Twenty One, St. Louis

Sheila Osborn

National Alliance on Mental Illness, Kansas City

Edward Riedel

MO Institute of Mental Health, St. Louis

John Robbins

Department of Elementary and Secondary Education

Reverend Donna Scott

Unmasking Suicide, Florissant

Sheri Williams

Department of Health and Senior Services

Vacant Position: Criminal Justice Representative slot

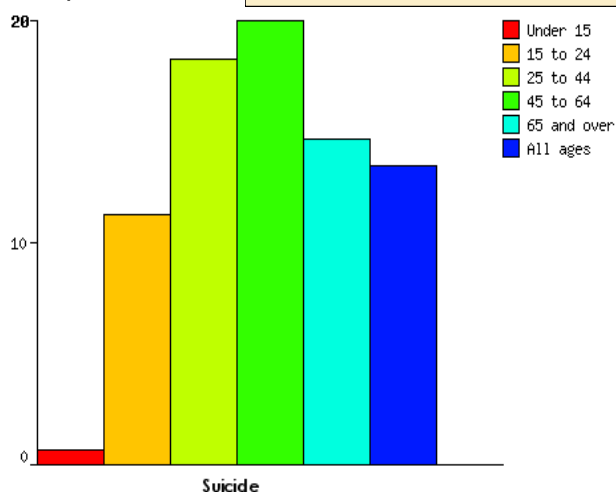
Chair: **Guyla Gardner**

Support Staff: **Reneé Anderson**

You may send e-mail to the Committee at:

Suicide.Prevention@dmh.mo.gov

Rate per 100,000 Death of Missouri Residents 2007



Department of Health and Senior Services, MICA
(Missouri Information for Community Assessment)

Missouri Suicide Prevention Plan

The overall goal of a state plan for suicide prevention is to reduce suicide and suicidal behaviors in all populations. Missouri has followed the AIM framework (Awareness, Intervention, Methodology) as stated in the Surgeon General's Call to Action with recommendations for initiatives in each of the three areas, awareness, interventions, and methodology.



Suicide is a immense, complex problem and Missouri's communities are too diverse in their members and needs for a single intervention to be adequate. Thus, a broad array of interventions will be required to meet the particular local needs of the many unique communities in Missouri.

Further information on the Missouri Suicide Prevention Plan can be found at:
<http://www.dmh.mo.gov/cps/issues/suicideplan.pdf>

Suicide Prevention Advisory Committee Established in 2006

The Suicide Prevention Advisory Committee was established in 2006 following the passage of legislation signed by Governor M a t t Blunt the previous year. The committee is comprised of eighteen members, who are required to meet at least quarterly.



The Committee, by law, must include a researcher and representatives of the following groups: suicide survivors, the criminal justice system, the business community, clergy, schools, youth, mental health professionals, health care providers, nonprofit organizations. Ten citizen members are appointed to four year terms by the Governor, with the confirmation of the Senate. The Committee also includes representatives from six state departments: mental health, health and senior services, social services, elementary and secondary education, corrections, and higher education. In addition, there is one member from the House of Representatives, appointed by the speaker of the House of Representatives, and one member of the Senate, appointed by the President Pro tem of the Senate. The Advisory Committee is chaired by the director of the Department of Mental Health, or the director's designee.

Per Statute, the role of the advisory committee is to:

1. Provide oversight, technical support, and outcome promotion for prevention activities;
2. Develop annual goals and objectives for ongoing suicide prevention efforts;
3. Make information on prevention and mental health intervention models available to community groups
4. implementing suicide prevention programs;
5. Promote the use of outcome methods that will allow comparison and evaluation of the efficacy, effectiveness, cultural competence, and cost- effectiveness of plan-supported interventions, including making specific recording and monitoring instruments available for plan-supported projects;
6. Review and recommend changes to existing or proposed statutes, rules, and policies to prevent suicides; and
7. Coordinate and issue a biannual report on suicide and suicidal behaviors in the state using information drawn from federal, state, and local sources.

Website: <http://www.dmh.mo.gov/cps/spac>

Comments From the Chair: Guyla Gardner, L.C.S.W.

Suicide is an epidemic that can be prevented. The tools are there to prevent another person from taking his or her life. Raising this awareness is among the goals of the Missouri State Suicide Prevention Advisory Committee. We also are working to provide recommendations to state agencies and to support suicide prevention programs, which use evidence based prevention programs. We want to prevent all suicides, but we especially recognize that certain groups are more susceptible to suicide; such as high school and college students, elderly and veterans. We will continue to review research to develop guiding principles to create, enhance and support prevention programs throughout the state. Our objectives include changing how the media presents suicide so that it is not glamorized and the stigma of suicide is reduced, to encourage individuals and health professionals to obtain training to recognize signs of suicide, and to use the question, persuade and refer process. We seek to improve the public's awareness of the signs of suicide and suicide's impact on individuals, families, friends, employers and the economy. And, in the process, encourage individuals seek help and assist others to prevent suicide of someone they know. Survivors of suicide and those who are considering suicide need to know we care and there is help. The Committee wants to hear their voices and be their conduit to service providers.

Over the next two years, the Suicide Prevention Advisory Committee will continue its work on providing guidance and recommendations on suicide prevention to the Missouri Department of Mental Health. We especially wish to recognize Dr. Keith Schafer, Director of the Department, for his continued support and collaboration.

SIGNIFICANT **SUICIDE PREVENTION** **ACTIVITIES**

September 2008

Department of Mental Health received a continuation of the State Youth Suicide Prevention Grant. It continues the 3 year grant (\$500,000 per year).

Addressing the Suicide Epidemic: Galvanizing Community Leaders Dr. Steven K. Galson, Acting Surgeon General and Dr. Daniel Reidenberg, Executive Director of SAVE (Suicide Awareness Voices of Education) Held in Kansas City, MO. Special thanks to Committee Members Dr. Stan Edlavitch and Dr. Maureen Hennessey, and the Kansas City Suicide Awareness Prevention Program.

Governor Blunt signs a proclamation announcing Suicide Prevention Week.

July 2008

Show Me You Care About Suicide Prevention

Jefferson City, MO. Two-day conference. Co-sponsored by DMH, Lincoln University and Missouri Institute of Mental Health.

May 2008

Letters provided to support the Department's grant application for Suicide Prevention and the "Kids Under Twenty-One's" Gateway grant application.

September 2007

Governor Blunt signs a proclamation announcing Suicide Prevention Week.

Advancing Suicide Prevention in Missouri

Jefferson City, MO. Two-day conference on preventing suicide. Co-sponsored by Department of Mental Health and Lincoln University.

July 2007

Mini-awards are given to Missouri communities for prevention programs.

April 2007

SPAC sends letter to legislator's office to discuss potential outcomes of proposed Legislation.

February 2007

Implementation of the Suicide Prevention Advisory Committee website.

November 2006

Suicide Prevention Advisory Committee begins to hold quarterly meetings. Seven Regional Suicide Prevention Resource Centers are funded.

September 2006

Governor Blunt signs a proclamation announcing Suicide Prevention Week.

Summer 2006

Mini-awards are given to Missouri communities for prevention programs.

July 2006

Preventing Suicide: Making a Difference in Your Community Jefferson City, MO. One-day conference.

September 2005

The Substance Abuse and Mental Health Services Administration (SAMHSA) awards the Youth Suicide Prevention Grant to the Department of Mental Health. It is a 3 year grant (\$400,000 per year).

August 2005

The Suicide Prevention Advisory Committee is established.



Regional Suicide Resource Centers

The Resource Centers engaged community partners across the state to develop and implement local strategies, provide public education and training, offer support for survivors, and promote proven practices to help with preventing suicide within their designated service areas. In January 2009, the Missouri Suicide Prevention Project recently received new grant funding that increased regional sites from seven to fourteen. These new resource centers are located on page 8 of this report.

We wish to thank the previous Resource Centers for their dedication and their contributions towards the prevention of suicide.

2006-2008 Resource Centers

Nodaway County Committee for Suicide Prevention
Community Network for Behavioral Healthcare, Inc.
Pathways Community Behavioral Healthcare, Inc.
Ozark Center
Dexter Community Regional Healthcare Foundation
Kids Under Twenty One
Mark Twain Area Counseling Center



For additional information on suicide prevention please visit:
<http://www.dmh.mo.gov/cps/issues/suicide/ResourceCenters.htm>

FUNDING FOR COMMUNITIES

With the philosophy that local citizens understand the needs of their communities, Missouri communities have received 78 mini-awards designed to encourage local initiatives to address factors that may put youth at risk for suicide. Over \$156,000 in awards were given for local community projects throughout the state. Local projects have included: a suicide prevention workshop; suicide prevention training for a college residence hall staff; establishing a local interactive website on suicide awareness and prevention; purchasing suicide prevention DVDs for suicide prevention presentation to youth; creating and distributing a back to school suicide prevention toolkit; and providing presentations on suicide prevention to schools, professionals and community groups .

SPECIAL THANKS FOR THEIR CONTRIBUTIONS TO SUICIDE PREVENTION ADVISORY COMMITTEE

Department of Mental Health

Joseph Parks, M.D., Director of Comprehensive Psychiatric Services (CPS)

Dottie Mulikin, Director of Prevention

Rita McElhany, Community Development Manager (CPS)

Joellyn Becker, Program Specialist, Division of Alcohol & Drug Abuse (ADA)

Missouri Institute of Mental Health

Elizabeth Sale, PhD, Project Evaluation Director

Virginia Weil, MSW, Evaluation Coordinator

Scott Perkins, LCSW, Youth Suicide Prevention Project



People who attempt suicide face the stigma attached to it by society.

This stigma causes discrimination in employment, housing, health care, and in the ability to buy health insurance.

By learning more about mental illness and the effectiveness of treatment, this discrimination can end, removing the stigma that acts as a barrier to successful treatment.



The media can play a powerful role in educating the public about suicide prevention.

Stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. They can also highlight opportunities to prevent suicide. Media stories about individual deaths by suicide may be newsworthy and need to be covered, but they also have the potential to do harm. Implementation of recommendations for media coverage of suicide has been shown to decrease suicide rates.



American Foundation for Suicide Prevention Web: www.afsp.org

FUTURE GOALS



News Media Awards for coverage of suicide.



Continuation of current suicide prevention strategies.

Resource development and recommendations for state agencies and local communities.

The Suicide Prevention Advisory Committee acknowledges the contributions of previous Committee members: Former Representative Connie "LaJoyce" Johnson, Dr. Joseph Parks, Dottie Mullikin, Aurita Prince Caldwell, Brenda Miner, Laura Vedenhaupt, Chad Hampton, Mark Stringer, and Laurie Hines. We thank you for your contributions and continued work in suicide prevention.

MO Department of Mental Health

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Jefferson City, MO. 65102

Keith Schafer, Ed.D., Director

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TT Phone: 573-526-1201

Fax: 573-751-8224

SUICIDE FACTS

**More Missourians die by suicide than by homicide or AIDS.
Nationally, suicide is the 11th leading cause of death for adults.**

Missouri ranks 22nd in the nation reported suicides (2005)
The suicide rate in Missouri in 2005 was 12.5 per 100,000 citizens.
The national rate is 11.0 (2005)

www.suicidology.org

**Suicide was the 10th leading cause of death for Missourians in 2006 and 2007.
Every day 2 people die by suicide in Missouri.**

In 2007, there were 810 suicides in Missouri.

Suicide ranks among the top four leading causes of death for Missourians between the ages of 10 and 54.

Missouri Vital Statistics 2007 Department of Health and Senior Services

The elderly account for 18.1% of completed Suicides. 75% of elderly persons had visited a physician in the month prior to their suicide.

<http://mentalhealth.samhsa.gov/suicideprevention/costtonation.asp>

20% of all suicide deaths occur among veterans.

“Quick Facts About Suicide” <http://www.spanusa.org>

Average medical cost per completed suicide exceeds \$3771.

Suicide Prevention Resource Center, Missouri Suicide Prevention Fact Sheet (1999-2005)

15-19 year olds have a higher rate of serious (hospitalized) suicide attempts than any age group in Missouri.

www.sprc.org

Suicide is the 3rd leading cause for youth (age 15-24).

During the previous 12 month period:

Missouri High School Students reported

15% of students had “seriously considered attempting suicide”

10% had made a suicide plan

8% had attempted suicide

2% had made an attempt that required medical attention.

Youth Risk Behavior Survey, 2007 www.cdc.org

**For each completed suicide, as many as
25 people will make a non-lethal attempt.**

“Missouri Suicide Prevention Plan”

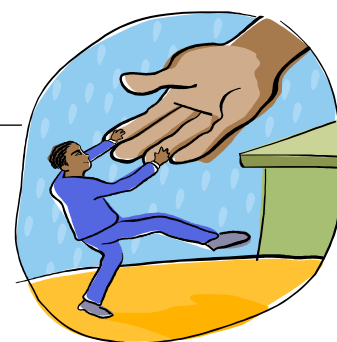
The **National Suicide Prevention Lifeline** is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis.

If you need help, please dial **1-800-273-TALK (8255)**.

You will be routed to the closest possible crisis center in your area. With more than 130 crisis centers across the country, our mission is to provide immediate assistance to anyone seeking mental health services. Call for yourself, or someone you care about. Your call is free and confidential.

Para obtener asistencia en español durante las 24 horas, llame al 1-888-628-9454.

(<http://www.suicidepreventionlifeline.org/default.aspx>)



SUICIDE CAN BE PREVENTED!

Suicide is a reaction to intense feelings of loneliness, worthlessness, hopelessness or depression. Threats or attempts of suicide are calls for help. Knowing the warning signs and being prepared to answer these calls for help could prevent many suicides.

Primary Warning Signs

Threats or previous attempts
Depression
Personality or behavioral changes
Preparations for death

How to help

Give emotional support
Encourage positive action
Seek professional help

Question, Persuade and Refer QPR:

QPR is a training intervention that teaches lay and professional gatekeepers to recognize and respond positively to someone exhibiting suicide warning signs and behaviors. All of the Regional Resource Centers currently offer free QPR workshops to interested groups.

www.sprc.org/featured_resources/bpr/standards.asp.

There are several suicide prevention training programs that are currently available in Missouri.

Please contact Scott.Perkins@dmh.mo.gov.

Missouri Department of Mental Health Suicide Prevention Resource Center Regions



In late 2008 the Missouri Suicide Prevention Project received funding to expand the number of Regional Resource Centers from seven to fourteen. In early 2009 DMH awarded contracts covering 12 of the 14 regions. In addition to offering free gatekeeper training, many of these sites also offer other services such as educational presentations, depression screenings or support groups for survivors.

Please contact the Resource Center serving your area to schedule training or to find out what services are available.

1, 2 & 3) **Preferred Family Healthcare, Inc.**

900 E. LaHarpe, Kirksville, MO 63501

Gary Hillebrand 816-407-1754,

Karah Waddle 660-626-0650

4) **NAMI of Greater Kansas City**

406 W. 34th Street, Suite 506, Kansas City, MO 64111

Bonnie Swade 816-931-0030

5) **Pathways Community Behavioral Healthcare, Inc.**

1800 Community Drive, Clinton, MO 64735

Karen Farris 573-418-8462

6) Not Contracted: If you would like to schedule suicide prevention training for your community, please contact the MO Youth Suicide Prevention Project staff by phone, (573) 526-8047, or [email](#).

7) **Kids Under Twenty One (KUTO)**

2718 S. Brentwood, St. Louis, MO 63144

Elizabeth Makulec 314-963-7571

8) **Pathways Community Behavioral Healthcare, Inc.**

1800 Community Drive, Clinton, MO 64735

Karen Farris 573-418-8462

9) **Prevention Consultants of Missouri**

104 East 7th Street, Rolla, MO 65401

Bob May or Jamie Myers 573-368-4755

10) **Community Counseling Center**

820 Park Drive, Ste. Genevieve, MO 63670

Audrey Burger 573-517-1499

11) **Ozark Center**

2808 Picher/P.O. Box 2526, Joplin, MO 64803

Deborah Fitzgerald 417-347-7720

12) **Burrell Behavioral Health**

1300 Bradford Parkway, Springfield, MO 65804

Denise Mills 417-269-7254

13) **Prevention Consultants of Missouri**

104 East 7th Street, Rolla, MO 65401

Bob May or Jamie Myers 573-368-4755

14) **Family Counseling Center**

925 Highway V V, Kennett, MO 63857

Shirleen Sando 573-888-5925, ext. 284

The National Suicide Prevention Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis.

If you need help, please call

1-800-273-TALK (8255)